

FILED 07 JAN '19 12:36 USDC-ORE

UNITED STATES DISTRICT COURT  
for the  
DISTRICT OF OREGON

Isaacky Gavrilovich Sharipoff

*Plaintiff(s)*

v.

Civil Action No. 6:18-cv-1659-SI

Jason Myers et al

*Defendant(s)*

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Sophie Polonsky

Address : 4040 Aumsville Hwy SE  
Salem, Oregon (97317).

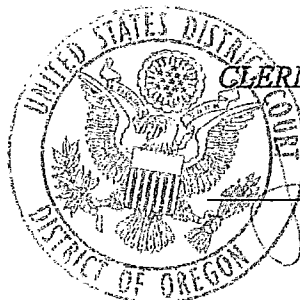
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Isaacky Gavrilovich Sharipoff  
Po Box # 514  
Woodburn, Oregon (97071).

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 12/13/2018



CLERK OF COURT

*Signature of Clerk or Deputy Clerk*

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 6:18-cv-1659-SI

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Sophie Polonsky  
 was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: First Class Mail  
 Certified Receipt Return # 7016 3560 0001 1346 7750.

To: Sophie Polonsky  
 Address : 4040 Aumsville Hwy SE  
 Salem, Oregon (97317).

My fees are \$ 12.90 for travel and \$ 17.10 for services, for a total of \$ 30.00.

I declare under penalty of perjury that this information is true.

Date: 12-20-18

Isaacky Gavrilovich Sharipoff  
 Server's signature

Isaacky Gavrilovich Sharipoff  
 Printed name and title

P.O. Box # 514, Salem, Oregon (97071).  
 Server's address

Additional information regarding attempted service, etc:

HUBBARD  
3016 G ST  
HUBBARD  
OR

97032-7032

4040160204

(800)275-8777

2:27 PM

12/20/2018

Product Description	Sale Qty	Final Price
PM 1-Day (Domestic) (SALEM, OR 97317) (Weight:0 Lb 15.30 Oz) (Expected Delivery Date) (Friday 12/21/2018)	1	\$6.70
Certified (USPS Certified Mail #) (7016356000113467750)	1	\$3.45
Return Receipt (USPS Return Receipt #) (9590940232477196136481)	1	\$2.75
<b>Total</b>		<b>\$12.90</b>

Debit Card Remit'd (Card Name:VISA) (Account #:XXXXXXXXXXXX2281) (Approval #: ) (Transaction #:187) (Receipt #:006882) (Debit Card Purchase:\$12.90) (Cash Back:\$0.00) (AID:A0000000980840 (AL:US DEBIT) (PIN:Verified) Chip)

Total \$12.90

Includes up to \$50 insurance  
Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to <https://www.usps.com/help/claims.htm>

Preview your Mail  
Track your Packages  
Sign up for FREE @  
[www.informedelivery.com](http://www.informedelivery.com)

All sales final on stamps and postage  
Refunds for guaranteed services only  
Thank you for your business

Note: Priority Mail Express refund restrictions in effect for mailing dates Dec. 22 - 25

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT  
POSTAL EXPERIENCE

Go to:

<https://postalexperience.com/Pos>

840-5970-0029-001-00011-66340-02

or scan this code with  
your mobile device:

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

SALEM, OR 97317

OFFICIAL USE

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee as appropriate)	\$2.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$6.70
Total Postage and Fees	\$12.90

0204  
01

Postmark  
Here

12/20/2018

Sent To **Sophie Polonsky (summons).**  
Street and Apt. No., or PO Box No.  
**4040 Aumsville Hwy SE**  
City, State, ZIP+4®  
**Salem, Oregon (97317).**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions.

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

### 1. Article Addressed to:

**Sophie Polonsky**  
**4040 Aumsville Hwy SE**  
**Salem, Oregon (97317)**



9590 9402 3247 7196 1364 81

### 2. Article Number (Transfer from service label)

7016 3560 0001 1346 7750

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

### A. Signature

X *[Signature]*

☐ Agent  
☐ Addressee

### B. Received by (Printed Name)

**12-26-18**

### D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes  
☐ No

### 3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation®  
☐ Signature Confirmation Restricted Delivery

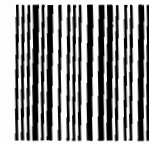
Domestic Return Receipt

from Isaac of the family Sharipoff  
Po Box # 514  
Woodburn, Orega (97071)

POSTAGE  
PAID



1021



97701

U.S. POSTAGE PAID  
FOM LETTER  
GERVAIS, OR  
97026  
JAN 04, 19  
AMOUNT

**\$0.50**

R2305E124277-04

to: Clerk of the Court  
Wayne L. Morse Courthouse  
405 East Eighth Ave.  
Eugene, Oregon (97401)

97401-271225

